

ED MAR 11 1947 0

Registration District No. **4124**

Primary Registration District No. **4124**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Kahoka**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 yrs.** (Specify whether years, months or days)
In this community **40 yrs.**

3. (a) PRINT FULL NAME **William Thomas Wagner**

3. (b) If veteran, name war **/** 3. (c) Social Security No. **/**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Wagner** 6. (c) Age of husband or wife **61** years
7. Birth date of deceased **Nov. 11 - 1872**
(Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **19** If less than one day hr. min.

9. Birthplace **Taura**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired mail carrier**

11. Industry or business

12. Name **John Wagner**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily Vatz**
15. Birthplace **Taura**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Wagner**

(b) Address **Kahoka Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 1 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kahoka Co.**

18. (a) Signature of funeral director **Wittig, Fred**

(b) Address **Kahoka Mo.**

19. (a) **2-8-43** (b) **Perry S. Dutton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clark**
(c) City or town **Kahoka Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **/** (If rural, give location)
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30**
year **1943** hour **1** minute **9** M.

21. I hereby certify that I attended the deceased from **Jan 1** 19 **43** to **Jan 30** 19 **43**
that I last saw him alive on **1-29-43** and that death occurred on the date and hour stated above.
Immediate cause of death? **Chronic Myocarditis**

Due to **/**

Due to **/**

Other conditions **/**
(Include pregnancy within 3 months of death)

Major findings: **/**
Of operations **/**

Of autopsy **/**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **/**

(b) Date of occurrence **/**

(c) Where did injury occur? **/** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **/**

While at work? **/** (Specify type of place) (e) Means of injury **/**

23. Signature **/** (M. D. or other)

Address **Kahoka Mo.** Date signed **1-31-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 1 1949

RECEIVED

District Health Officer No. 10

District File Number 2-43-465

Date Filed MAR 10 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision:

Signed

Chas L. Suttering

Licensed Embalmer No.

2965

P. O. Address

Peray, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.